



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

W0036
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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

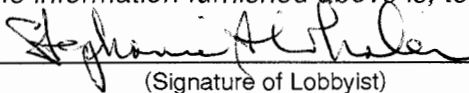
NAME(Last)	(First)	(Middle)	TELEPHONE
WHALEN	STEPHANIE	A.	487-5561
MAILING ADDRESS (Street) 99-193 Aiea Heights Drive, Suite 300			FAX 486-5020
(City) Aiea	(State) Hawaii	(Zip Code) 96701-3911	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

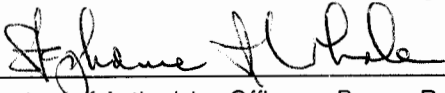
PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) HAWAII AGRICULTURE RESEARCH CENTER	TELEPHONE 487-5561	
MAILING ADDRESS (Street) 99-193 Aiea Heights Drive, Suite 300	FAX 486-5020	
(City) Aiea	(State) Hawaii	(Zip Code) 96701-3911
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Stephanie Whalen	TELEPHONE 487-5561	
MAILING ADDRESS (Street) same	FAX 486-5020	
(City)	(State)	(Zip Code)

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	1-10-05
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME Stephanie A. Whalen		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President-Director
NAME OF ORGANIZATION (if applicable) Hawaii Agriculture Research Center		TELEPHONE 487-5561
MAILING ADDRESS (Street) 99-193 Aiea Heights Drive, Suite		FAX 486-5020
(City) Aiea	(State) HI	(Zip Code) 96701-3911
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
		1-10-05
(Signature of Authorizing Officer or Person Represented)		(Date)